ட	CLAIMS AS FILED - PART I									ENTITY	_	OTHE	R TH/
T =	OR		(Column 1) NUMBER FILED			(Column 2) NUMBER EXTRA			TYPE		OR	SMALL	.ENT
Ŀ			HOMB	EN FILED					RATE	FEE]	RATE	F
8	ASIC FEE		10] [1111	345.00	OR		690
T	OTAL CLAIMS			minus	20=	•	ore months to have		X\$ 9≈		OR	X\$18=	,,,
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М	ULTIPLE DEPEN	IDENT	CLAIM P	RESENT			•		. 120		1		-
۱۰	If the difference	in colu	umn 1 is	less than 2	ero, e	nter "0" in	column 2	ľ	+130≈	ļ	OR	+260=	ļ,
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1	-2)-1919			AMENDE							<u>.</u>	OTHER	
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			TER IDMENT		PR	EVIOUSLY AID FOR	EXTRA		RATE	TIONAL FEE		RATE	TIO
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AMENDME	<u></u>	OITATIO	N OF M	Minus	1	ENT CLAIM	-	-	X39=		OR	X78=	
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AMENDMENT C	Independent FIRST PRESER Output Total Independent	COIU CUA REMA AFI AMENI ITATIOI	IMN 1) AIMS AINING TER OMENT	Minus ULTIPLE DE	(CC H N PRE P)	Diumn 2) IGHEST IUMBER EVIOUSLY AID FOR ENT CLAIM	(Column 3) PRESENT EXTRA	AC	X39== +130= TOTAL DDIT. FEE RATE X\$ 9==	ADDI- TIONAL FEE	OR OR OR	X78= +260= TOTAL ADDIT FEE FRATE X\$18=	ADI

FORM PTO-675 (Rev. 12/99)

Application or Docket Number

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